

State of California—Health and Welfare Agency
HAZARDOUS WASTE MANAGEMENT BRANCH
744 P Street
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

Please print or type with ELITE type (12 characters per inch).

JUL 6 1983

STATE ID NUMBER 83042096

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

GENERATOR NAME AND MAILING ADDRESS

Oil & Solvent Process Company
1704 West First Street
Azusa, Ca 91702

213-334-5117

AREA CODE/PHONE NUMBER

TRANSPORTER NO. 1

Oil & Solvent Process Company
1704 West First Street
Azusa, Ca 91702

VEH./CONTAINER NO.

EPA ID NUMBER

C I A I D O I 83 10 21 90 13

VEH./CONTAINER NO.

EPA ID NUMBER

C I A I D O I 83 10 21 90 13

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

Omega Chemical Company
12504 E. Whittier Blvd
Whittier, Ca 90602

Tel-213 698-0091

AREA CODE/PHONE NUMBER

C I A I D O I 41 21 24 51 00 11

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBERTOTAL
QUANTITYUNIT
WT/VOLCONTAINER
NO. TYPEWASTE
CAT NO.DISP.
METH.

Hazardous Waste Liquid N.O.S. 0rm-e N I A I 91 18 19 11 4 85 G 130 DM 2 1 1 1

COMPONENTS

CONC. RANGE
UPPER LOWERUNITS
% PPM

Trichlorotrifluoroethane

98

94

X

Methanol/Ethanol

2

0

X

Water/Dirt/Oil

2

0

X

SPECIAL HANDLING INSTRUCTIONS

yield 15380 lbs
Gloves & Goggles

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Betty Peckham
Printed or typed full name and signature

Betty Peckham

MO.

DAY

YR.

15

16

83

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

OSCO-Driver

Printed or typed full name and signature

RUDY I. LOERA

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR.

05

16

83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR.

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

EPA ID NUMBER

DATE RECEIVED & ACCEPTED

MO.

DAY

YR.

Printed or typed full name and signature

C A D O 421245001

05

06

83

TSDF SENDS THIS COPY TO DOHS WITHIN 15 DAYS

TO BE FILLED IN BY GENERATOR

TO BE FILLED IN
BY TRANSPORTERTO BE FILLED
IN BY TSDF